

1831

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH					Dr. Truman Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. <u>349</u> Registered No. <u>88</u>	
1. PLACE OF DEATH							County <u>Maricopa</u> State <u>ARIZONA</u>	
Township _____ or Village _____								
City <u>Mesa</u> No. <u>Southside Hospital</u> St. _____ Ward _____								
Length of residence in city or town where death occurred <u>11</u> yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.								
2. FULL NAME <u>Cleo D. Riggs</u> How long in State when death occurred? <u>11</u> yrs. _____ mos. _____ ds.								
(a) Residence: No. <u>124 So. Morris St.</u> St. _____ Ward _____ (Usual place of abode)							(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS								
1. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Marion Riggs</u>								
6. DATE OF BIRTH (month, day, and year) <u>Feb. 22, 1906</u>								
7. AGE		Years <u>31</u>	Months <u>2</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>							
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>							
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) (State or Country) <u>Sutor Okla.</u>								
FATHER	13. NAME <u>John Deaton</u>							
	14. BIRTHPLACE (city or town) (State or Country) <u>Ark.</u>							
MOTHER	15. MAIDEN NAME <u>Willie Hailey</u>							
	16. BIRTHPLACE (city or town) (State or Country) <u>Miss.</u>							
17. INFORMANT <u>Marion Riggs</u> (Address) <u>Mesa, Arizona</u>								
18. BURIAL, CREMATION, OR REMOVAL. Place <u>Mesa, Arizona</u> Date <u>4-5-1937</u>								
19. EMBALMER		License No. <u>178-A</u>						
FUNERAL DIRECTOR		Signature <u>Jess Meldrum</u>						
Address		<u>Mesa, Arizona</u>						
20. Filed <u>May 5</u> , 19 <u>37</u> Registrar <u>[Signature]</u>								
MEDICAL CERTIFICATE OF DEATH								
21. DATE OF DEATH (month, day, and year) <u>April 30, 1937</u>								
22. I HEREBY CERTIFY, That I attended deceased from <u>4-18-37</u> , 19 <u>37</u> to <u>4-30-37</u> , 19 <u>37</u>								
I last saw <u>her</u> alive on <u>4-30-37</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>9:15 A.M.</u>								
The principal cause of death and related causes of importance were as follows: <u>Brain hemorrhage</u> Date of Onset <u>4-12-37</u>								
Other contributory causes of importance: <u>due to cancer</u>								
Name of operation _____ Date of _____								
What test confirmed diagnosis? _____ Was there an autopsy? _____								
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>37</u>								
Where did injury occur? _____ (Specify city or town, county and State)								
Specify whether injury occurred in industry, in home, or in public place.								
Manner of injury _____								
Nature of injury _____								
24. Was disease or injury in any way related to occupation of deceased? _____								
If so, specify _____								
(Signed) <u>[Signature]</u> M. D.								
(Address) _____								